

## Application Data Sheet

### **Application Information**

Application number::  
Filing Date:: February 27, 2004  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form (CFR)?::  
Number of copies of CRF::  
Title:: Systems and Methods for Uploading and Distributing Medical Data Sets  
Attorney Docket Number:: 300568  
Request for Early Publication?:: No  
Request for Non-Publication?:: Yes  
Suggested Drawing Figure:: 3  
Total Drawing Sheets:: 13  
Small Entity?:: No  
Latin name::  
Variety denomination name::  
Petition Included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Richard  
Middle Name::  
Family Name:: FEARS  
Name Suffix::  
City of Residence:: Moundsview  
State or Province of Residence:: MN  
Country of Residence:: US

Street of mailing address:: 8322 Knollwood Drive  
City of mailing address:: Moundsview  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55112

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Syria  
Status:: Full Capacity  
Given Name:: Firass  
Middle Name::  
Family Name:: SHEHADEH  
Name Suffix::  
City of Residence:: Maple Grove  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of mailing address:: 9005 Garland Avenue  
City of mailing address:: Maple Grove  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55112

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: James  
Middle Name:: A.  
Family Name:: ESLER  
Name Suffix::  
City of Residence:: Coon Rapids  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of mailing address:: 10916 Flora Street NW  
City of mailing address:: Coon Rapids  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55433

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: AU  
Status:: Full Capacity  
Given Name:: Timothy  
Middle Name:: R. H.  
Family Name:: PRATT  
Name Suffix::  
City of Residence:: Arden Hills  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of mailing address:: 1390 Indian Oaks Court  
City of mailing address:: Arden Hills  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55112

### **Correspondence Information**

Correspondence Customer Number:: 25764  
Name::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::  
Phone number::  
Fax Number::  
E-Mail address::

### **Representative Information**

Representative Customer Number::	25764	
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Representative Designation::	Registration Number::	Representative Name::
Primary	47,629	Douglas M. Hamilton

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name:: Cardiac Pacemakers, Inc.  
Street of mailing address:: 4100 Hamline Avenue North  
City of mailing address:: St. Paul  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55112